

Serving the People of the 'First and Finest' Since 1943

THE COURIER

Naval Medical Center Portsmouth

September/October 2003

Hospital Rises to All Occasions

NMCP Weathers Wrath of Isabel



Photo by JO2 Sarah R. Langdon

Please See the Hurricane Story, Page 8

NMCP Takes Care of GW Crew

Three crewmembers were admitted to Naval Medical Center Portsmouth Sept. 11 following a flight deck incident onboard *USS George Washington (CVN 73)* as it conducted training off the Virginia coast. A total of five injured Sailors were MEDEVAC'D from Washington to NMC Portsmouth. The two most seriously injured were further transported to Sentara Norfolk General Hospital via ambulance for Level 1 Trauma Care treatment.

One of the crewmembers taken to Sentara remains listed in very serious condition as of Sept. 30. The second crewmember taken to Sentara was brought back to NMC Portsmouth Sept. 13 for further treatment and is currently hospitalized at NMC Portsmouth in fair condition.

Staff surgeons cleared all three Sailors initially treated at NMC Portsmouth for release Sept. 12.

Continued on Page 15

Disaster Preparedness Team Evaluates NMCP

By JOSN Christopher "Moe" Taylor

The Navy Medicine Office of Homeland Security's Disaster Preparedness, Vulnerability, Analysis, Training and Exercise Program (DVATEX), visited Naval Medical Center Portsmouth Sept. 8-11 to help educate and advise hospital employees on how to better function in the post 9-11 era of terrorism.

"The DVATEX team was formed by the Surgeon General after the terrorist attacks on the World Trade Center to analyze and educate hospitals and clinics worldwide on new threats and defenses," explained Cmdr. Mary Chaffee, deputy director, Navy Medicine Office of Homeland Security. "We will also seek out system-wide areas that need attention and provide input and advice on how to fix them. The ultimate goal is for our medical facilities to be able to keep operating no matter what happens."

The DVATEX Team is made up of 13 civilian and military members with years of expertise in the field. NMCP Portsmouth is the 12th medical treatment facility out of 32 the team will visit over their two-year world tour.

"We come through and do an assessment of the hospital's disaster preparedness capabilities, then we educate them on what they can do to make things better," explained Chaffee. She seemed

Continued on Page 6

Patriotism Held Up by Little Hands

By JO1 Daniel A. Bristol

With the blaring of the air raid sirens and adrenaline surging throughout their bodies, Sailors, Soldiers and Marines head to the nearest bunker scrambling for cover. Once inside the bunker, they begin putting on their biological and chemical warfare protective suits and gas masks. Once fully protected, they listen intently to the calls coming over the public address system, because it is hard to hear. The person making the announcements is also wearing a gas mask.

At the beginning of the Iraqi war, this was a very familiar sight, as scores of missiles from further north headed toward the Kuwaiti Naval Base. As the war carried on, the frequency of air raids increased. By the end of the first week, it became commonplace for the troops to wear their protective suits while going about their every day duties.

Everyone who watched the news on television knew this was a sign of war, but this was not the only part. The part they did not get to see was the smiles that shined on the military members' faces when they opened up care packages from supporters back in the states.

One of those packages came from children in

a special education kindergarten class at Irving School in Derby, Conn.

This particular package was part of a larger project called, "A Day of Giving".



Forty-four kindergarteners were involved in the project and a total of five care packages were put together by the school. One package included a *hand-made* American flag made by the children.

Bonnie Tillotson, special education paraprofessional for the classes, bought the fabric and hand stitched the stripes, which the children painted after dipping their hands in red finger paint. The stripes consisted of handprints of all the children. Then they used star-shaped sponges dipped in white paint to make the stars on the blue square painted on the left side.

The school collected hair care products, writing paper, pens, pencils, lip balm and various other items to put into the packages from the children. Tillotson said that one child from a low-income family handed her an item and simply asked, "do you think that will be enough?"

The packages and the flags were mailed April 13 to JO1 Daniel Bristol, who was deployed

Continued on Page 7

The Courier

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Commander

Rear Adm. Thomas K. Burkhard

Deputy Commander

Capt. Matthew Nathan

Staff Journalists

JO1 Dan A. Bristol

JO1 Rebecca A. Perron

JO2 Sarah R. Langdon

JO2 Duke Rickardson

JOSN Christopher "Moe" Taylor

Public Affairs Officer

Lt. Jacky Fisher

Assistant PAO

Mr. Dan Gay

The command's monthly publication provides an avenue to circulate all the useful information the medical center staff has to offer and submissions are welcome. Contact the Public Affairs Office at 953-7986, Fax 953-5118, email the PAO, Lt. Jacky Fisher at jefisher@mar.med.navy.mil. Submissions should be on a disk in text or in Word format with a paper copy attached. Photos should be separate from the document and in jpeg, bitmap or tiff format. Please refrain from embedding photos in Word or creating text boxes and relative formatting in your submission. Send your submissions to the Public Affairs Office and we'll put in in the next current issue, space permitting. PAO is located in Bldg. One, Third Deck, Rm. 311.

Trading in Their Crows for Khakis



Photo by JO2 Duke Richardson

Naval Medical Center Portsmouth welcomed 16 of the Navy's newest chief petty officers into the fold during the traditional pinning ceremony held Sept. 16 in front of Building One. Family members, friends and NMC Portsmouth staff members took time out of their busy schedules to congratulate the new chiefs on their accomplishments.

Alphabetically: HMC(SW/AW) Reginald R. Barnes, ITC(SW) Lancaster B. Brown, HMC(SW/AW) Patricia Dickerson, HMC(FMF) Louis Everett, HMC(SW/AW) Rodney Granlund, HMC(AW/FMF) William J. Harris, ETC(FPJ) Sean K. Markley, HMC(FMF/SW/AW) Joseph C. McDonald, HMC(SW/AW) Richard G. McClelland, HMC William D. Nicely, HMC Lisa D. Richardson, HMC(SW/AW) Wayne Rudolph, HMC(FMF) Jason L. Schneider, HMC(SW/AW) Michael H. Sweeden, HMC(SW/AW) Thomas A. Williams and DKC(SW) Robert S. Vigg, Jr.

Attention All NMCP E-5 and Below- Join the JEA Today

Want to become more involved with your command? Want to become more involved within the community? Want to be part of a group whose name is synonymous with hard work and dedication? If this sounds like something you are interested in, join the Junior Enlisted Association (JEA). The JEA meets in the Pastoral Care Office every second and fourth Tuesday of each month. The annual dues are \$20, or \$6 quarterly. For more information, or to join, contact the JEA president, RP2 Saffa-Wuya at 3-5550.

CFC in Full Swing

The Combined Federal Campaign began Oct. 1 and will run until mid-November. Contact your departmental key person for a donation form and booklet. Select from thousands of agencies. To find out who your key person is, call DTC Thomas at 3-2770, or Lt. Cmdr. Ferguson at 3-7261.

Weather Codes to be Updated

Updated base closure codes that appear on local news channels in the event of adverse weather will be announced soon. These codes will be posted on the NMCP web page, listed in the next edition of 'The Courier' and sent out in an All-Mar email message.

Nutrition Management Room Service Team Recognized as 'Commander's First and Finest Team'

By JO1 Rebecca A. Perron

Hospital food and its accompanying delivery tray service would not usually be thought comparable to that of a four-star hotel. But thanks to an initiative by the Nutrition Management Room Service Team, new mothers can now feel like they are being served in style.

New moms can order food from a restaurant-style menu, complete with colorful graphics, a three-column design and a contact phone number to place orders personally. They can order during extended breakfast, lunch and dinner hours, and can expect their cuisine to be delivered within 40 minutes of ordering, instead of at preset times that may not be as convenient for them.

The implementation of the new program led to the room service team's selection as the Commander's First and Finest Team for the Second Quarter 2003. Capt. Matthew Nathan, deputy commander, Naval Medical Center Portsmouth, presented the award to Cmdr. Terry L. Priboth, Nutrition Management department head, during a ceremony held in the galley August 14.

"The 'First and Finest Team Award' represents the coordination and cooperation to produce a product and service," said Nathan, during the ceremony. "This is one example of making service nicer and better for our patients."

"We stepped outside the box, and tried a new approach to make a difference," Priboth stated after receiving the award. "It's great to receive this recognition."

The idea of the on-the-spot, more personal room service developed from a proposal to treat all new moms to steak and lobster, first suggested in March 2002. The idea, which cost about \$90,000 per year, was deemed too expensive, according to Priboth. So instead, her team sought an alternative method for improving meal service to new mothers.

Previously, the traditional tray service allowed new moms to select their menu for the next day, and the trays were delivered for the entire ward at a predetermined time. Frequently, new admissions were not able to select their menu for the first day of their stay, and 50 to 80 trays each month were delivered later than desired or went untouched, leaving the galley spending \$300 a month on replacement trays and wasted food.

Priboth's team began researching and testing menu items in the spring of 2002, taking the draft menu to final form over the summer. During the fall months, researching, purchasing and installing equipment was the group's focus. Cmdr. Josephine Brumit, team leader for wards

4K, L and E, played an instrumental role in the implementation of the program. Brumit helped the nursing staff adjust to the new program, and completed three weeks of dry runs in November, before the new ordering system was available to patients.

"I tested out the service by doing test orders, timing how long it took to get the order to the dietician, checking the order's accuracy and how long it took to be delivered," Brumit explained.

"Process development evolved throughout the entire 10-month period," said Priboth. "from first suggestion to launch as feedback was received from the nursing staff, the diet office and galley staff, continually improving the process as we went along."

"This new service is ideal for new moms," Priboth continued, "who require flexible mealtimes, and it offers a variety of choices."

The hours of operation and phone number for the dietician's office is posted in each room. To ensure all callers are able to get through to place their order, a queuing system has been added to the phone in the diet office. Patients who receive a busy signal are placed on hold until the dietician

Continued on Next Page



NMCP Sailors Take Oath of Citizenship Aboard TR

By JO2 Sarah R. Langdon

Many of the people who live in the United States are born with the right to vote. They grow up knowing they have rights, they are entitled to these rights and anyone who tries to take them away will be punished. An American born on American soil doesn't have to question their right to protest, or if they choose, to say nothing at all. Anyone can create a news publication or magazine without fear they will be punished for their views. Almost anyone can run for office and anyone can speak out against those they don't think should run for office.

In many parts of the world, the idea of civil liberties or participating in a legislative process is a dream — and for some, a dream that can only be realized by coming to America and gaining that coveted citizenship so many of us take for granted. The waiting list is long, the application process tough, but year

NMCP's New American Citizens
HM3 Joseph Cereneche, Phillipines
DT3 Clement Edionwele, Nigeria
DT3 Soteji Gandonu, Nigeria
DT3 Carlisle Pennycooke, Jamaica
DT3 Kayrelly Pereira, Peru

HN Ding Chiu, Taiwan
HN Allan Rosete, Phillipines
HN Karamoh Sesay, Sierra Leone
HA Lyudmila Kuchayeva, Russia

after year, men and women of other countries come to the U.S. and go through the process in the hopes of becoming a U.S. citizen.

Of those waiting for American citizenship, quite a few are serving in the U.S. military.

During a mass swearing in onboard *USS Theodore Roosevelt (CVN 71)*, more than 200 Sailors took the oath to become American citizens. Of these, nine are Sailors assigned to Naval Medical Center Portsmouth.

Applying for American citizenship is never an easy or a quick process, said DT3 Carlisle Pennycooke, a 27 year-old dental

technician who moved from Jamaica to the U.S. six years ago. In fact, for most people, the process takes many years.

"You put in an application and wait for them to ask you in for an interview. You aren't allowed to call or ask them the status of your application for 365 days. It's very frustrating," explained Pennycooke.

DT3 Soteji Gandonu, a native of Nigeria, had been in the U.S. for five years and was also a participant.

"I am proud I'm a citizen now," explained Gandonu. "When I got my letter for fingerprinting, I had

Continued on Page 10

Nutrition Team Provides Five-Star Service to New Mothers

Continued from Previous Page

is available. The nursing staff also sends a roster to the galley to ensure each new mom is able to order and is ordering within the diet guidelines recommended by her doctor.

"If a new mother's diet has been restricted by the doctor," Brumit explained, "and an order is placed outside of these guidelines, we can go back to the patient and make sure she understands what she's allowed to have."

To make room service delivery time as short as possible, menu items are kept centrally located and are limited to items that can be prepared in a short amount of time. When the dietician passes on each


order to the cook, the meal can be assembled quickly and delivered within 40 minutes. Typical delivery time is 25 to 30 minutes.

"New mothers can pick and choose their menu from a big assortment of items," explained MS2(SW) Chadwick O. Bradford, production supervisor in the galley. "They can order either preset entrees or mix items together to make their meal.

Bradford said the most difficult part of the service is keeping the food hot. So meals are taken to the ward more often using smaller tray service carts, and the room service teams keep in touch with the galley

using two-way radios. Outside meal times, patients can get a continental breakfast or boxed lunch. After 6 p.m., frozen dinners kept on the ward are available. This new service has helped the patient satisfaction of new moms climb from the mid-80s to 97 percent.

"The two things that have increased satisfaction is being able to mix menu items," Brumit said, "and being able to order during longer meal hours."

The new process has reduced preparation time for galley staff by more than 20 hours per month and has decreased late and untouched trays to virtually zero. 

DAPA Note: The Dangers of Marijuana

Courtesy of the Navy Drug Resource Center for Substance Abuse Awareness

All forms of cannabis have negative physical and mental effects. Several regularly observed physical effects of cannabis are a substantial increase in the heart rate, bloodshot eyes, a dry mouth and throat, and increased appetite.

Use of cannabis may impair or reduce short-term memory and comprehension, alter sense of time, and reduce ability to perform tasks requiring concentration and coordination, such as driving a car.

Research also shows that students do not retain knowledge when they are 'high.' Motivation and cognition may be altered, making the acquisition of new information difficult. Marijuana can also produce paranoia and psychosis. Because users often inhale the unfiltered smoke deeply and then hold it in their lungs as long as possible, marijuana is damaging to the lungs and pulmonary system.

Marijuana smoke contains more cancer-causing agents than tobacco smoke. Marijuana contains 421 bioactive chemical molecules. Sixty-one are called cannabinoids, and when inhaled or ingested, become absorbed and remain embedded in the membrane of every cell in the body for months at a time.

After smoking only one "joint," 40 to 50 percent of the THC (tetrahydrocannabinol), one of the chemicals found in the leaves and flowering tops of the cannabis or marijuana plant, remains in the membranes for four to eight days.

Ten to 20 percent remains for 30 to 48 days, and one percent can remain for four to six months. Because the brain is one-third fatty tissue, marijuana is retained in the brain and the brain cells are steadily and irreversibly damaged.

When messages from the brain are blocked because of a concentration of THC in the cells, thoughts, memory, feelings and behaviors are affected. THC has caused birth defects in laboratory animals and may cause birth defects in humans as well. It is known that THC passes from the mother through the placenta to the developing baby, and from a breast-feeding mother to the baby.

Use by teenagers who are at an age of rapid physical, mental, emotional and sexual development,

interferes with these critical areas of growth.

Marijuana causes a temporary increase in heart rate similar to the effect produced by stress, and may produce acute panic reactions, especially among young users. Long-term users of cannabis may develop dependence on the drug. The drug can become the center of their lives. ♣

Disaster Preparedness

Continued from Page 1

impressed with NMC Portsmouth's capabilities, yet said there is always room for improvement.

"This hospital is highly prepared and very sophisticated, however with more threats and higher risks, you can always take additional steps to improve readiness," Chaffee said.

According to Lt. Mark Lauda, the assistant head of DVATEX, traveling to as many places as possible is very important.

"We want to make a pattern around the world to try and make sure all facilities are operating in the same manner. Plus, at each place we stop at, we find different problems the crews are facing. We are the ones that bring these problems to the attention of the Surgeon General so things can get fixed."

The DVATEX Team is the first of its type ever initiated and with a 250-point checklist and they hope to bring medical facilities around the world together into a standard of operational readiness. ♣

**THE NEXT ROUND'S
ON YOU...
GIVE 'EM A PINT!**



For more information on donating
blood for military personnel visit
www.tricare.osd.mil/asbp

ASBP

Conn. Kindergarteners Make Flag, Send Care Packages to FH-15

Continued from Page 2



to Kuwait with NMC Portsmouth's Fleet Hospital 15. Upon receiving the packages and flags, Bristol was to share all with the Sailors and Marines deployed with FH15. Unfortunately, Bristol and the rest of the fleet hospital crew returned May 5 from Kuwait before the packages reached their destination.

"I was worried that the flags would get lost," explained Tillotson. "I just wanted something the hospital could display that people would look at and say, 'Wow, that looks great.'"

In a letter written to the men and women of FH15, Tillotson wrote, "Please accept and display our flags. They are our gift to all our troops." From the kindergarten children in Tillotson's morning and afternoon classes, "Thank you for making our country a safe place to live."

"It chokes me up," explained Cmdr. David Price, FH15's executive officer, "to see this kind of support."

Price said that children at that age do not understand patriotism and are more "hands on" oriented.

"You just know that they are getting their hands dirty," explained Price, "and they are having fun doing it. They don't actually know what patriotism means, but this starts them on the right track."

Tillotson said she knew the flags would be appreciated, but she never realized the impact they would actually have.

"As military members, we are not that patriotic. We look at it as our job," explained Price. "But when we see something like this, it makes us feel good about what we do. I would much rather march onto the battlefield carrying this flag than the typical American flag. This flag means more to me because it was made by hands of little Americans, who are our future."

"When the package containing the flag returned to my house in the beginning of August," explained Tillotson, "my eyes filled with tears. I now knew that it wasn't lost, and it would finally be displayed and appreciated. To know that it would finally be displayed at the hospital, it was like a dream come true."

Bristol received the flag at his office at NMC Portsmouth and is working with Price to decide where to display it. T

ENRICH YOUR MARRIAGE

Attend the Prevention and Relationship Enhancement Program (PREP), a one-day marriage communication workshop for married and engaged couples, sponsored by Pastoral Care Services.

Upcoming Dates: Wednesday, Oct. 22
 Tuesday, Nov. 18
Time: 8:00 a.m. to 3:00 p.m.



To enroll, contact Pastoral Care Services at 953-5550. All hospital staff, both military and civilian, are welcome to attend this event.

Keep fun and intimacy in your marriage. Statistically, 50 percent of couples married today will be divorced five years from now. Learn time-tested skills to beat the statistics! Surveys show that all 22 couples who have taken this course at NMC Portsmouth would recommend it to a friend.

Wear appropriate civilian attire. Spouses or fiancées must be present. The workshop is located in the Pastoral Care resident trailer near the flagpole of Building 215.

Facilities Management Prepares NMCP for Isabel

By JO2 Duke Richardson

When word of Hurricane Isabel's imminent collision with the Hampton Roads area broke, Naval Medical Center Portsmouth's staff members sprung into action.

Lt. Cmdr. Mike Phillips, NMC Portsmouth's facilities management officer, was overall in charge of the preparation efforts for the storm's arrival.

More than 100 people completed preparatory tasks including filling and placing sandbags around the base and clearing away potential missile hazards, which could be launched from the hurricane's winds.

"We started (the fortification process) Tuesday morning," said Phillips. "We had about 4,000 sandbags from previous storms already pre-staged, and for this storm, another 8,000 sandbags were filled. We also had plywood available in case some of the windows had blown out."

In all, it took 48 hours to get the compound fortified and protected against potential wind and flood damages. Areas that received attention from the crew included the Charette Health Care Center, Building One,

Bldg. 215, as well as outlying buildings around the base.

"A lot of work went into the process, and we managed to get everything done Wednesday night," explained Phillips, "although we did manage to discover

a couple of small areas that needed to be retouched Thursday morning (as the storm was rolling in). As we found problems, we took sandbags and fixed them."

Thanks to the fortification efforts of the crew, NMC Portsmouth suffered very minimal damage from Hurricane Isabel. A true testament to the ingenuity and all-

around know-how of those involved.

"There was a lot of hard work by a lot of people, and their efforts are greatly appreciated," said Phillips. "It was the first time in two years that I wasn't second guessed on everything I did... (and) it could not have been done without a team effort from the command. Hopefully, we won't have to do this again for a long time." ♣



Photo by JO1 Daniel A. Bristol

L & D Delivers 19 Babies in 24 Hours During Hurricane Isabel

By JO2 Sarah Langdon

Although Hurricane Isabel turned the world upside down for many people, in the Hampton Roads region, the crew of Labor & Delivery at Naval Medical Center Portsmouth took the event in stride and successfully delivered 19 babies over a 24-hour period.

"We're pretty adaptable up here," said Lt. Xanthe Miedema, a registered nurse on L&D. "We are used to our work being stressful. You never know what is going to come through that door, so we are always prepared for anything."

The department began by

opening its doors to all pregnant women who were 36 weeks or more along in their pregnancy. A sign posted at the admissions desk directed the 'OB-Sleepers' to check in. And check-in they did, bringing with them spouses and friends, in-laws and children, water bottles, bags and pillows.

"We opened the door to any active duty or dependant woman and her family who wanted to come in during the storm," said Lt. Kathleen Harlowe, another L&D nurse, also a reservist who has been working on the floor since July.

"We started taking in the

"refugees" at 5 p.m. Wednesday and told them if they had an appointment in a clinic or had any problems they were also welcome to just come on in. We ended up having about 20 families come and stay."

"We strongly encouraged any pregnant woman over 36 weeks to come and stay at the hospital," added Miedema. "We didn't want to risk these women going into labor and getting stuck out in town. There is a much higher risk of ruptured membranes during a hurricane because of the changes barometric pressure, and

Continued on Next Page

OB Staff Overcomes Power Loss, Work Stays ‘Business as Usual’

Continued from Previous Page

we didn’t want them to get stuck out there.

“Our OB clinic staff made phone calls to let women know that they could come in, and the news mentioned it as well,” she continued. “As it was, there were a few women who did deliver at home.”

In addition to bringing the women in, inductions that had been scheduled for Thursday or Friday were moved up to the beginning of the week as well as scheduled cesareans. This kept operating rooms free for emergencies.

L&D, along with the rest of NMCP, lost power in the late morning Thursday and switched over to generator power. At no time was patient care compromised, even though the staff had to make do at the nurse’s station without lights.

“When we lost electricity, I was in the middle of

delivering a baby, and I did have to stop for just a moment before everything came back on (under generator power),” explained Harlowe. “We had to do all of our charting (of medical records) by flashlight as well as any other nurse documentation.”

Along with military staff, many of the civilian L&D nurses also stayed on the floor during Hurricane Isabel.

“It was great to have the civilians come in, rally around and support us. Everything went extremely well,” said Cmdr. Denise Johnson, L&D division officer. “Praise to Housekeeping and to the galley. The food was good and Housekeeping did a great job.”

“We had a really good time up here,” said Miedema. “And, we felt really happy. We’re so used to being slammed up here, that for us, it was just business as usual.”

Galley Crew Shines During Hurricane Isabel

By JO1 Daniel A. Bristol

She came, she wreaked havoc, she left, but the signs of Isabel’s existence linger on in the streets and yards of Hampton Roads. Hurricane Isabel’s rains poured down as her winds shook the windows of Naval Medical Center Portsmouth. Inside the hospital’s windows, on the opposite side of chaos, the hospital galley crew kept calm and ran business as usual.

“We normally have enough food for seven to 10 days,” explained Lt. Bradley Karovic, food service officer, “but we planned for the worst case scenarios.”

Karovic said his staff, consisting of 28 military, ordered extra dry foods in case of flooding or loss of generator power.

“The standard operating procedures calls for a one-entrée menu,” said Karovic. “We knew that wouldn’t be enough.”

MS2 Isaiah Marauta, records keeper for the galley, said they ordered \$33,000 in food, and in case of flooding

or loss of power, they ordered \$19,000 in Meals Ready-to-Eat (MRE) and \$7,000 of bottled water.

The extra food on-hand assisted the crew in breaking command records for the breakfast meal on Thursday. They fed 671 during lunch on Thursday, 677 for dinner and 729 for breakfast on Friday.

“Normally, there are 30 or 40 Eggleston contractors to help with preparing the food,” explained Karovic, “but the day of the storm, we only had 15. We ran out of food at times. “The MSs had to do some jobs usually not done on shore duty. MS2 Marauta, MS2 Coles, MS2 Fofanah and the Leading Petty Officer, MS1 Checkley were on the grill preparing food along with the rest of the military staff, which consists of all E-2 and below. They saw it was their mission, and they stepped up to the plate.”

“Our food service staff was superb,” boasted Rear Adm. Thomas

K. Burkhard, commander NMCP, “and their extra personnel arrived early in the morning to help set a new record for breakfast served.”

Karovic stayed until midnight Wednesday and was here by 3 a.m. the morning of the hurricane. The rest of the galley crew arrived at 4 a.m. Everyone working in the galley worked until 10 p.m. during the storm.

“It was a little hectic, explained Marauta, “but that’s what being an MS is like when onboard a ship. It was nothing for the older guys, and it was an experience for younger Sailors.”

“The operation ran smoothly,” said Karovic, “because we work well together as a team. We were always in communication with each other, and that is why everything went so well.”

Marauta said the galley’s upper chain of command will be putting together a contingency plan to cover any lessons learned from this hurricane, so they are better prepared for the next one.

NMCP Sailors Realize Dream of Becoming Citizens

Continued from Page 5

no idea, no clue. You just don't know. If I hadn't left Nigeria I wouldn't have ever driven a car, I wouldn't have had an apartment."

Members of her family, her parents and an older brother, also reside in the U.S., but she is the first to receive citizenship.

"Civilians have to live in the U.S. for five years before they can put in an application to Immigration," said DT3 Clement Edionwele. Edionwele is also a native of Nigeria, and has been living in the U.S. since 1996.

"If you are a member of the U.S. military the you have to be here for a minimum of three years."

Edionwele, Pennycooke and Gandonu applied for citizenship under an executive order put into effect after the Sept. 11 attacks. Under this law, as soon as a person joins the U.S. military, they can apply for citizenship. After submitting their applications into the immigration office, all three were waiting for callbacks. Once someone submits an application, they are told they will be contacted within one year and told not to call Immigration during that period to ask the status of their application.

"What pushed us was seeing 200 people become citizens on an aircraft carrier a month before," said Pennycooke. "(We checked into that) and were told to get a letter from our command. We met with Chief (DTC Paul S.) Thomas, got the letter and took it to immi-

gration. I called the immigration office personally, and they didn't know anything about our applications, but the next day they called for an interview."

"It has always been my immediate goal to become an American citizen," said Edionwele. "I had a green card, which meant I had the legal status to work or go to school. But without citizenship, I can't vote and I can't be on any nuclear-powered ship. This is a land of opportunity, of greatness.



Photo by JOSN Christopher "Moe" Taylor

"We go through an interview that many Americans would fail, but it is worth it," he continued. "Now I am free to be anyone and live anyway I want to. Being in the military allows me to go to school while working, to take advantage of the educational opportunities. Before I joined the military, it was hard to get grants for school. Now I am a citizen and have so many more opportunities."

Two hundred twenty-two Sailors from 54 countries received their American citizenship during this mass ceremony. They all raised their right hands, took the oath of citizenship, said the Pledge of Allegiance, and one by one collected their certificates of citizenship.

"My mom came to the ceremony," Gandonu said. "I was so proud I could say, 'I am a citizen now!'"

All three Sailors credit their chain of command with helping get through the immigration process, especially their chief, Thomas. Now that they are citizens, the three dental technicians have many plans and goals in mind, including taking advantage of the right to vote.

"We have goals," said Pennycooke. "My long term goal is to become an officer, but first, I am going to vote."

Gandonu echoed that sentiment.

"I just put in a package to become a dental hygienist, but I want to become a periodontist," she said. "But most importantly, this will be my first time voting and I am very excited about that.

It means a lot to me."

"The most critical part of being a citizen is voting," Edionwele explained. "I am also contributing through the Combined Federal Campaign to the Presidential Campaign Fund. I love the political process, but you can't participate without being a citizen. Now I can be a part of it and I can vote."

Edionwele plans on crossing over to the master-at-arms rating and eventually becoming a limited duty officer.

"This really affects our quality of life," said Edionwele. "What happened on Aug. 8 is history and we couldn't have done it without our chain of command. They really made it happen." ▴

Housekeeping Battles Workload as Isabel Rages

By JOSH Christopher "Moe" Taylor

When Hurricane Isabel hit the area, Sailors and hospital staff were barraged with an enormous workload, and one of the toughest jobs fell on the shoulders of the civilian contracted housekeeping department. Keeping the hospital clean and orderly is a monumental task even on a normal day, but when the storm started tearing apart Hampton Roads, their job became a lot more complicated.

Mark Wilson, project manager for the housekeeping contractor Chugach, explained how the workers excelled in the face of the disaster.

"On a normal day, we have 60 housekeepers working the hospital. But when the hurricane hit,

only 18 people managed to make it in for the first shift. These 18 people worked all day keeping the hospital clean, caring for patients and taking care of flooding, which occurred in many areas of the three hospital buildings."

The extreme workload, due to lack of personnel, was just the beginning of the problems they faced.

"When the second shift came on, hardly anybody made it in, so a lot of people from the first shift volunteered to work around the clock, 24 hours straight," said Wilson.

However, there was still more work involved.

"The fact that these people took on the workload of a group four

times their size and worked twice as long as usual is phenomenal to begin with, but one has to understand this wasn't a normal workday," Wilson explained.

"On top of all the basic housekeeping duties, we had floods popping up inside all three buildings. The housekeepers were everywhere."

This is just another example of people showing their finest colors in the face of disaster, and Wilson wants to make sure everyone knows what a good job they did.

"I'm just really proud of the people who stayed and worked during Isabel. It was a tremendous show of dedication and effort. Thank you." T

New Support Group Offers Kids with Sickle Cell Camaraderie

By JOSH Christopher "Moe" Taylor

Sickle Cell Anemia is an inherited disorder that affects the red blood cells. Children with this disease can have multiple long-term health problems, such as infections, severe pain, strokes and more. On top of their physical nature, these problems can be mentally traumatic to young children.

Naval Medical Center Portsmouth now has a support group for military family members with the disorder, thanks to Lt. Cmdr. Joanne Sutton, a physician in the Pediatric, Hematology and Oncology Clinic, and Chris Brogan, a child life specialist in the Pediatrics Clinic. Because of their efforts to organize the group, things are a little easier on kids in the Hampton roads area suffering from sickle cell.

According to Sutton, the group meets often

to give the children a chance to socialize with others who share the same disease. "The first meeting was in July where we had a pizza party and played games, then in August we met at Equi-kids, a therapeutic horseback riding facility in Virginia Beach," she said.

The group will meet every month and their next scheduled outing will consist of canoeing on Lake Bradford at Little Creek Naval Amphibious Base. However, Brogan says the fun activities are not the most important part.

"These kids can feel alienated and alone, like they're the only one with the disease," said Brogan. "We bring them all together into a fun atmosphere, where they can meet other children with the same problems. Plus, we always incorporate learning about the illness into the activities and outings." T



Photo by Chris Brogan

Honoring Those Children We Never Knew

By Cmdr. Wanda L. Weidman, CHC, USN

"There are days my arms feel so heavy like I'm carrying a baby; yet they feel so empty. Am I going crazy?" This statement is typical for a mother who has just lost "her baby" through miscarriage, fetal demise or stillborn death. Many mothers who come to a hospital pregnant and left without a baby have at times spoken of their difficulty in returning to receive health care in a place that reminds them of their loss. Caregivers in our hospital are proficient at identifying visual, physical wounds, but we all find it more challenging to see the invisible, inward wounds of a Mom or Dad who lost a child at birth.

October is Infant Death Awareness Month and the nationwide statistics are thought provoking. According to *Cunningham, MacDonald, Gant (1997). William's Obstetrics* there are in the United States approximately 650,000 miscarriages, 30,000 stillbirths, and 18,500 newborn deaths a year, which averages out to about one in five pregnancies. Such perinatal death is complicated because of the sudden and unexpected nature of the loss. It is a traumatic event, which leaves a lifetime imprint. Parents may experience greater difficulty grieving the loss, because of how society views the loss. Parents are often expected to "get over" the loss in a few weeks.

According to Limbo and Wheeler in their 1986 Women's Responses to the Loss of their Pregnancy through Miscarriage: A Longitudinal Study, Forum

Newsletter, 1D(4), women's responses do vary. Seventy-five percent of women felt they had "lost a baby" and 25 percent perceived the experience as "part of life". For many, what medical institutions describe as "tissue" is to them a lifetime of dreams and hopes. In the medical



world we have our terminology – "tissue", "natural abortion" or "fetal demise", which may or may not fit in with the reality of the grieving parent. The medical terms are appropriate for the chart, but not always the words grieving parents need to hear.

Some parents are not given the freedom and support to continue grieving by families, neighbors or co-workers. Unresolved grief creates hidden stress that may impact future wellness.

It is not unusual for parents to wonder what their "larger" family would have been like if this child had lived, and to shed a tear on anniversaries like projected birth dates, holidays like Mother's Day, and what would have been their first day of school.

Sometimes distancing in a marriage relationship occurs because men and women tend to grieve differently. Women more often

openly demonstrate great emotion and wonder why the father does not. Men, traditionally, throw themselves back into work, and desire "not to think about it." They believe discussing it only exasperates the situation.

What can we as staff do?

- Provide, at the time of death, "positive" future memories by allowing parents to hold the child, to take home ultrasound pictures or other objects associated with the child's personhood.
- Compassionately listen to their story and pain. The goal is not to remove all pain, but be with them as they feel it and move on. Compare it to the image of the nurse or corpsman helping a patient to walk after surgery, a painful process that helps them to recuperate more easily.
- Make it more socially acceptable to speak about death and the meaning of it, rather than a subject we are quick to avoid.
- Actively suggest ways they can honor the life such as choosing a name, holding a memorial service, or writing a poem or letter for the child.
- Refer patients to grief support groups in the community or bereavement web sites. Parents need places where they know they are not alone. We have a monthly bereavement support group for parents that meets the fourth Tuesday of the month at 1500 in the PCU Conference Room. ▴

A Sweet Taste of Victory: 'Docs' Rule

By JO1 Daniel A. Bristol

As the warm summer weather began heating up the afternoons, the crack of bats could be heard as the Naval Medical Center Portsmouth "Docs" softball team began their 2003 season. The "Docs" play in the Norfolk Naval Shipyard Softball League.

"The team started the season," said HM2 Claude Copeland, one of the team's outfielders, "hoping to win the championship as we had to forfeit last year."

During last year's season, the "Docs" only lost two games. Then they went undefeated in the championship tournament only to forfeit the final game. They didn't have enough players to field a team.

HMC Rafael Felipe, the team's coach, said that most of the season he had a new team because most of his players were deployed in support of "Operation Iraqi Freedom." He said that could be why the team lost five games throughout the season. But by the end of the season, the team was at the top of the league, so they headed to the double elimination tournament July 25/26.

The Navy Tidewater Regional Tournament is played among 18 teams. The top two teams from each base in the Tidewater area play on Naval Station Norfolk's softball fields just inside of gate five.

"The team began with much excitement," Felipe said. "They were here with a purpose."

The first game was played against the team from Aircraft Intermediate Maintenance, Naval Air Station Oceana. "The first game was very competitive," said Copeland. "It went run for run all the way to the end." Copeland said that the "Docs" battled back and forth with the lead until they finally came from behind one last time in the final inning to win the game 10 – 8.

Because it was double elimination, this sent AIMD to the loser's bracket to fight their way back. The win sent the "Docs" to the winner's bracket where they excelled. "They played with heart and

dedication," boasted Copeland. "They never gave up."

It was this dedication that carried them throughout the tournament, and they made it to the championship game. Apparently, AIMD went undefeated in the loser's bracket, and they also made it to the final game.

"We met AIMD again in the last game of the tournament," said Copeland. "This time it was a different story. We came out fighting." When it came down to this final showdown, Felipe said, "everyone wanted this win." Felipe said that one thing that contributed to the team's drive was that they had a full team and plenty of people there to cheer for them.

The "Docs" came out swinging as they started the first inning scoring six runs. By the fifth inning, it looked like they were playing against the tough AIMD team that they remember as the score became 6 – 5. There was a big difference in this game. The "Docs" never gave up the lead. After seven innings of play, they turned that lead into a victory winning the game and the championship title with a score of 12 – 6.

The team received the winning trophy, which will be displayed in the showcase in the hospital's gymnasium. Each player received his own personal winning plaque to take home.

"Two years ago," explained Felipe, "we went

undefeated throughout the season and the tournament, and we won it all. We should have won three years in a row."

"No matter whether we win or lose," explains Copeland, "the 'Docs' always play with pride."

With eight members of the team due to transfer before the start of next season, that pride will have to carry them through and maybe they will find themselves back again next summer. ▀



Command Fitness Prepares for Semi-Annual PFA

By JO1 Rebecca A. Perron

As the Fall edition of the semi-annual Physical Fitness Assessment (PFA) is underway, the Command Fitness Team at Naval Medical Center Portsmouth has been preparing for months, working especially hard with the personnel who are in the Fitness Enhancement Program (FEP).

This program is mandatory for personnel who have failed a recent PFA and has been improved due to the hard work of the Command Fitness Team. Their hard work has led to a dramatic improvement in the number of personnel enrolled in the program participating in the weekly physical fitness sessions.

In March, only 17 percent of those required to participate in the FEP were attending the sessions three times per week. In June, the percentage was up to 40, and in August, 68 percent were participating.

"When I first got here nine years ago, we didn't have much of a program," said Susan Lowry, program manager. "Now we have a very good one and are still always looking for ways to improve."

According to HN Kenneth Walker, one of six assistant command fitness leaders (ACFLs) working in Command Fitness, in the past the members showed up, did their push-ups, sit-ups and run, and were done after 40 minutes.

"Now, it's more about the members personal needs," explained Walker. "We give them a mock test once a month and a nutrition guide book, track their progress and chart it with graphs, and discuss their strong and weak points."

Each AFCL is assigned about 60 members to keep in touch with personally and to help achieve their fitness goals.

"We pass pertinent fitness and weight management information through emails sent from us to each of the 60 people assigned to us," said HM3 Jasmine M. Perez, ACFL. "We teach the classes, send the weekly emails, and make sure the data is entered for the compliancy report. If they ask for additional information

outside of what we give in class and the emails, we will research the information for them and offer advice. This usually relates to weight training and nutrition management."

Each class combines a good workout, including stretching, cardiovascular and cool down sections, as well as nutritional information. Classes are one hour long, and everyone enrolled in the program is required to attend three sessions per week. Six classes are offered per day, Monday through Thursday, four classes Friday and one class Saturday.

"Our ultimate goal is to get everyone back into standards," Perez said. "I think the program is really good, especially for those who failed for body fat. It

helps a lot if you can come to the sessions three times a week, because they help add endurance, which helps with weight loss."

In addition to the fitness enhancement program, Lowry teaches the command's Shipshape Program, which is eight weeks long.

"Shipshape is for those who exceed body fat and is open to anyone who wants help with weight management," Lowry said. "Each class is two hours long. One first hour is a lecture format, with subjects ranging from nutrition to behavior modification. The

second hour is for PT. This program is working because the command supports it and those who attend."

"These program are positive," said HM2 Sharon L. Raymond, Wellness Product Line leading petty officer, who helps oversee the ACFLs and make improvements to the FEP program. "The assistant fitness leaders are here to help, not to punish. We currently have a participation rate of 68 percent. Our goal is to have 85 percent."

Raymond added that when the inspector general came here in July, he said it was the best program he had seen in a while. The ACFLs are hoping their hard work and dedication will pay off during this PFA cycle. They will know for sure when the results are in at the end of October.



What You Need to Know to Take PFA- PARFG Guidance, PFA Dates

Completing the Physical Activity Risk Factor Questionnaire (PARFQ)

PARFQs are completed annually during your Health & Readiness Rodeo/ Preventive Health Assessment (PHA). If you completed a PARFQ for the Spring 2003 cycle, you do not need to complete one for Fall 2003 cycle as long as no new risk factors are present and conditions that were previously cleared have not worsened.

Members will be referred for evaluation and clearance to participate in the PRT and physical conditioning if members:

- Do not have a required current periodic physical examination.
- Do not have a current PHA.
- Answer yes to any question on the PARFQ other than use of tobacco product or the pre-physical activity questions
- Fail to meet BCA standards for the first time in their career
- Are 50 years or older and have not successfully completed all portions of a PRT in the last 12 months

Medical waivers for NMCP staff are issued through the Family Practice Clinic. If a PHA is needed, call 953-1938 to schedule your appointment prior to the Fall 2003 cycle.

Completing a Physical Fitness Assessment (PFA)

Weigh-ins- Weigh-ins must be completed two to 10 days prior to taking the PFA. Weigh-ins will be held in the COD bunkroom (Bldg 2, first deck, behind admissions) from 7:30 to 10:30 daily, beginning Sept 29 and ending Oct. 29. ⚡

Swimmers- Swimmers are required to sign up for a time during the weigh-in. The swim PFA will begin at 1:00, 1:30 and 2:00 from Oct. 1 to Oct 31.

Runners- The running portion will be held at the helo pad next to the gym from Oct 1 to Oct. 31. Runners should meet at the brown pavilion 15 minutes prior to the hour of testing, to sign in and stretch.

Each PFA will begin on the hour from 7 a.m. to 3 p.m., with the exception of no test at 1 p.m. Testing will be first come, first served. Up to 26 members can be tested each hour.

Personnel who checked aboard NMC Portsmouth on or after July 23 are exempt from the PFA, but are not exempt from weighing in.

Any questions regarding the PFA can be addressed to Command Fitness at 953-5099. ⚡

Washington Sailors Remain in Serious, Fair Condition at Sentara, NMCP; 3 Released

Continued from Page 1

"Our ER was staffed with the very best corpsmen, nurses and doctors who were ready and eager to provide care for our injured Sailors," said Rear Adm. Thomas K. Burkhard, commander, NMCP.

"As you know, the first most serious casualties were transferred at the request and assessment of the GW's surgeons to the city's Level I Trauma Center, which treats multiple shock trauma victims on a daily basis.

"I know that you would have provided equally outstanding care if the logistics of the situation had required it," Burkhard continued. "You did a rapid assessment and evaluation of the three victims who were admitted to our medical center. They have all recovered and have been medically cleared for discharge. Thank you again for your prompt and professional response to this disaster. I could not be more proud of you."

The Washington had been

conducting carrier qualification operations off the Virginia coast since leaving Norfolk Sept. 9. The accident occurred about 4 p.m., as a jet from VFA-106, based at Oceana Naval Air Station, was trying to land.

During the landing, the number four arresting wire broke, causing the F/A-18 Hornet to skid off the flight deck and into the Atlantic Ocean. The pilot, who ejected safely and was recovered immediately, remained aboard the ship for treatment.

In the course of the mishap, 12 crewmembers were injured and two aircraft were damaged by flying debris. Among those injured were crewmembers from Airborne Early Warning Squadron 120 (VAW 120), Strike Fighter Squadron 106 (VFA 106) and the Washington.

An investigation team flew to the ship the day after the incident to inspect the arresting gear system. An investigation is under way. ⚡

Congratulations

Legion of Merit

Capt. Tommy W. Cox

Meritorious Service Medals

Capt. Soren Christensen

Capt. Artis R. Croslin

Navy and Marine Corps Commendation Medals

Cmdr. Raoul Allen

Cmdr. Jose C. DeLaPena

Cmdr. John F. Lyons

Lt. Cmdr. Rebeka R. Brooks

Lt. Cmdr. Kevin J. Coolong

Lt. Cmdr. Donald W. Shenenberger

Lt. Michael A. Lettiere

HMC Jonh M. Nehlen

MMC(SW/AW) Fredric A. Ward

Navy and Marine Corps Achievement Medals

Lt. Cmdr. George O. Decker

Lt. John E. Lenahan

Lt. Clifford C. Pyne

Lt. Janelle A. Rhoderick

Lt. Annette H. Watkins

HM1 Barbara A. Felton

HM1 Tammy D. Jackson

SH1(SW) Jeffrey Rhoades

HM1(SW) Heather L. Rosati

YN1 Sharon T. Walls

HM1(FMF) Richard Whitehead

HM2(SW) Daniel B. Benton

HM2 Latrina D. Brockington

HM2 Robert E. Cockrell

HM2 Adolph V. Escobedo

DK2 Nora E. Lilly

BM2(SW) Toney London

SH2(SW) Michael Longstreet

HM2 Sarah L. Rogers

HM2(FMF) Keisha Thigpen

HM3 Joseph Cereneche

HM3 Bryan J. Hagaman

HM3 Sonya Pearson

HM3 Steven M. Rinkavage Jr.

HM3 Cesar O. Sanchez

HN Rassan A. Cobbs

HN Michael J. Harris

Letters of Commendation

Cmdr. Denise Johnson

Cmdr. Jean Scherrer

Cmdr. Elvira Tomescu

Lt. Jerome Christensen

Lt. Jg Stuart Hitchcock

Lt. Xanthe Miedema

Lt. Gerardo Tuero

Lt. Cdr Amy Wagar

Ens. Laura L. Jensen

HM1 Lucrecha D. Calleance

HM2 Eric D. Frederique

HM2 Tamika Richardson

HM2 Esteban A. Rivera

HM3 Kelly N. Leaser

HM3 Patrick E. McWilliams

HM3 Adrian R. Rodriguez

HM3 Chelsea L. Turner

HN Kali L. Amador

HN Efrain Pineiro-Rodriguez

HN Travis Robichaux

Lisa Amick

Cheryl Davis

Nikki L. Flynn

Deborah Harrell

Paulette Hutcherson

Ruth Ross

Robin Rubbo

Judy Simmons

Gary Wisma

Letters of Appreciation

Capt. Frances Allan-Martinez

Capt. Paul Blose

Capt. Kate Christie

Capt. Eda Moreno

Capt. Alexandra Pollard

Capt. Susan Tye

Cmdr. Cathy Harrison

Cmdr. Susanne M. Sanders

Cmdr. Richard Wolfe

Lt. Cmdr. Mary Barczak

Lt. Cmdr. Michelle Campbell

Lt. John Casteel

Lt. Michael E. Williams

CMDMC(SW/FMF) David M. Carroll

HMCM Jon Lorenz

HMCS Donald Widener

HMCDjuna Hayes-Jones

HMC Sam Requenez

HMC Ron Stevens

HM1 Dan Dawson

HM1 Kim Gunzelman

HM1 Tammy D. Jackson

HM1 Catrina V. Kirgis

HM1 William R. Montague

HM1 Luann Smith

HM1 Vita Tibbs

HM1(SW) David L. Ziehr

MS2(SW) Gabriel R. Caldwell

HM2 Sherrie R. Golden

HM2 Kenneth E. Gracie

HM2(FMF) Robert R. McAbee

HM2 Tara Taylor

HM2 Jonathan Wells

HM3 Ryan M. Christensen

HM3 Monica Christian

HM3 Monieka Guyton

HM3 Robbie P. Patterson

HM3 Natascha C. Singleton

HM3 Nancy I. Alers-Hernandez

DT3 Mary J. Williams

HM3 Thomas A. Pullman

HN Elias C. Basco

HN Chaleatta Brinkley

HN Jenny M. Cabral

HN Louicilia Genelien

HN Joseph M. Hayden

HN Mashia D. Horton

HN Lina P. McPartland

HN Jack D. Myers

HN Lindsey M. Penna

HN Petrona Samuels

HN Enrise T. Scott

HN Diana S. Severo

HN Erica L. Somerville

Command Fitness Team

Inpatient Psychiatry Team

Management Information Team

National Depression Screening Day Team

Nursing Services Team

Pastoral Care Services Bereavement

Support Team

Linda Hester

Arlie Karn

Ronald Schnur

Bruce Staples

Certificates of Appreciation

Pediatric Prime Clinic

Smallpox Readiness Team

Military Outstanding Volunteer Service Medals

Cmdr. Brian A. Alexander

HMC John M. Nehlen

Navy Meritorious Civilian Service Award

Gloria Briggs

Betty S. Smith

Rose A. Valentine